



London

184 Horton Street London, ON N6B 1K8
Tel: (519) 434-9114 Fax: (519) 434-7306
www.bgclondon.ca



BGC LONDON CONTRACT – CHILD

The following information is necessary for our records and for the funding our organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary. **PLEASE PRINT CLEARLY IN BLUE OR BLACK INK.**

Address: _____
Street # & Name City Postal Code

Home Phone #: _____ **E-Mail Address:** _____

Type of contract: Child Membership Visitor ACT-i-Pass (please provide #): _____

CHILD 1

Name: _____
FIRST MIDDLE LAST

OFFICE USE ONLY
RecDesk # _____
Expiry Date: _____

Date of Birth: ____ / ____ / ____ **Age:** _____
DAY MONTH YEAR

Gender: Boy/Man Girl/Woman Transgender Non-Binary Two-Spirit OR I choose not to disclose.

Cultural Background (select all that apply): Black Indigenous Person of Colour Specify: _____
Newcomer (within the last 5 years) Speak English as a second language I choose not to disclose.

School Name: _____ **Grade:** _____ **Will your child be attending Supper Club?** Yes No

Do you give consent for your child to use the BGCL Bus? Yes No **If so, which day of the week?** _____

My child can walk home alone from: Club/Program Location Their BGC bus stop **They cannot walk home alone.**

Children ages 6 and under must wear a life jacket that BGC London provides. Children ages 7 to 9 must complete a swim test on site.

Swimming Ability for Ages 10+: Shallow end life jacket Shallow end – no life jacket Deep End Swimmer

Does your child require any type of support in the pool? _____

Does your child have any Medical, Physical or Emotional concerns that we should know about? i.e. ADHD, emotional outbursts, allergies, or any other conditions where extra attention may be required. Please provide details:

Child's Doctor: _____
NAME PHONE NUMBER

List any Medication your child is taking: _____ Health Card #: _____

List anyone who is **NOT ALLOWED** to pick up your child: _____
NAME AND RELATIONSHIP TO CHILD



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Type of contract:

Child Membership Visitor ACT-i-Pass (please provide #): _____

OFFICE USE ONLY
RecDesk # _____
Expiry Date: _____

CHILD 2

Name: _____
FIRST MIDDLE LAST

Date of Birth: _____ / _____ / _____ Age: _____
DAY MONTH YEAR

Gender: Boy/Man Girl/Woman Transgender Non-Binary Two-Spirit OR I choose not to disclose.

Cultural Background (select all that apply): Black Indigenous Person of Colour Specify: _____
Newcomer (within the last 5 years) Speak English as a second language I choose not to disclose.

School Name: _____ Grade: _____ Will your child be attending Supper Club? Yes No

Do you give consent for your child to use the BGCL Bus? Yes No If so, which day of the week? _____

My child can walk home alone from: Club/Program Location Their BGC bus stop They cannot walk home alone.

Children ages 6 and under must wear a life jacket that BGC London provides. Children ages 7 to 9 must complete a swim test on site.

Swimming Ability for Ages 10+: Shallow end life jacket Shallow end – no life jacket Deep End Swimmer

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FAMILY HISTORY

Parent(s) Marital Status:	Other <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/>
Family Setting:	One Parent Family <input type="checkbox"/> Two Parent Family <input type="checkbox"/> Joint Custody <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____
Child lives with:	Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Guardian <input type="checkbox"/> Mother and Step Father <input type="checkbox"/> Father and Step Mother <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Aunt / Uncle <input type="checkbox"/> Sister / Brother <input type="checkbox"/> Other <input type="checkbox"/> - Specify: _____
Number of Sisters / Step Sisters: _____ Number of Brother / Step Brothers: _____ Number of People in Household: _____	

PARENT/GUARDIAN 1

Name: _____
Gender: _____
(optional): _____
Relationship to child: _____
Occupation: _____
Employer: _____
Work Phone: _____
Cell #: _____
Email: _____

PARENT/GUARDIAN 2

Name: _____
Gender: _____
(optional): _____
Relationship to child: _____
Occupation: _____
Employer: _____
Work Phone: _____
Cell #: _____
Email: _____

EMERGENCY CONTACTS (people who do not live in the home)

Emergency Contact 1: _____
First Name Last Name Relationship
Home Phone # Work Phone # Cell Phone #

Emergency Contact 2: _____
First Name Last Name Relationship
Home Phone # Work Phone # Cell Phone #

Please list anyone who is **ALLOWED** to pick up your child(ren):

1.	_____	_____	_____	_____
	FIRST	LAST	RELATIONSHIP TO CHILD	PHONE NUMBER
2.	_____	_____	_____	_____
	FIRST	LAST	RELATIONSHIP TO CHILD	PHONE NUMBER
3.	_____	_____	_____	_____
	FIRST	LAST	RELATIONSHIP TO CHILD	PHONE NUMBER
4.	_____	_____	_____	_____
	FIRST	LAST	RELATIONSHIP TO CHILD	PHONE NUMBER



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MEMBERSHIP FEES AND COSTS

MEMBERSHIPS ARE VALID FOR ONE YEAR FROM THE TIME OF PURCHASE. We would like to give everyone an opportunity to participate in our programs. If you are unable to pay for a membership, please contact us at 519-434-9114.

School Year Supper Club Pass
(School year runs from September to June)

We are offering families the opportunity to purchase a school year Supper Club pass at \$60.00 per child. Payment is non-refundable and not prorated.

Children _____ x \$60 = _____ (Amount Due)

Membership prices are subsidized according to combined family income

ANNUAL COMBINED FAMILY INCOME: Up to \$25,000 \$25,001 - \$40,000 \$40,001 - \$60,000 Over \$60,000

GROSS ANNUAL HOUSEHOLD INCOME	CLIENT PAYS <u>PER CHILD</u>	CLUB PAYS
Up to \$25,000	\$25.00	\$175.00
\$25,001 - \$40,000	\$50.00	\$150.00
\$40,001 - \$60,000	\$75.00	\$125.00
Over \$60,000	\$100.00	\$100.00
Act-i-Pass	Act-i-Pass program is free to all children in Grade 5, please visit theheal.ca/projects/actipass/ for more information.	
Visitor Fee	Cost per visitor is \$3.00	

REFUND POLICY

Members can request a refund two (2) weeks after purchase. The refund will be prorated as 11 months of their membership minus a \$15.00 administration fee.

Please initial here _____ to indicate you have read and understood our refund policy above.

Promotional Material: We reserve the right and permission to publish, reproduce, distribute and /or otherwise use any still or moving photograph, for such purposes and with such frequency as it shall determine in its sole discretion without further compensation or consideration to me and without further authorization by me for, as yet, unnamed video or photographic projects (including promotion, marketing and social media) which shall constitute the sole property of the BGCL. The BGCL shall be released from and against any and all liability resulting from its use of the photos or related to my use of the product.

I give permission to use my child(ren)'s photograph(s). Yes No

Parent / Guardian Signature

Witness

Date (day/month/year)

FOR OFFICE USE ONLY			
Amt. Paid: \$ _____	Paid By: Cash <input type="checkbox"/>	Debit <input type="checkbox"/>	Visa / MC <input type="checkbox"/>
Date: _____			
Receipt No.: _____	Received By: _____		

CHILD/YOUTH PARTICIPANT CODE OF CONDUCT

I/We, _____,
Participant's name – *If more than one child, please print all names on this line

hereby agree to the following rules and guidelines.

I, _____, as the parent/guardian of the child(ren) listed above, hereby agree that I understand and accept the rules and guidelines of BGC London (Boys & Girls Club of London) and understand and accept the consequences for my child(ren) if they breach the Code of Conduct.

1. I will listen and show respect to the Club staff, volunteers and my peers.
2. I will be fair, kind and will include everyone.
3. I will use good manners and appropriate language: swearing, cultural or sexual slurs/comments/jokes will not be tolerated.
4. I will respect Club property and equipment, and will help to keep the Club clean.
5. I will be responsible for my own belongings.
6. I will follow Club rules.
7. I am responsible for my own choices and actions – thinking before I act or react.
8. I will come prepared, dressed appropriately, and ready to actively participate in Club programs.
9. I will stay in the Club program and with staff until it is time to go home.
10. I will express my thoughts and feelings to the Club staff so that they can support me.
11. I will behave in a manner that reflects favourably on me and my group, as I am an Ambassador of BGC London.
12. I understand that failure to comply with the Code of Conduct may result in a behavioural contract, suspension or expulsion from BGC London.

Signature of Child #1

Signature of Child #2

Signature of Parent/Guardian

Date signed (day/month/year)

BGC LONDON (BOYS & GIRLS CLUB OF LONDON) – MEMBERSHIP CONTRACT

RELEASE OF LIABILITY, WAIVER OF CLAIMS ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT.

**BY SIGNING THIS AGREEMENT, YOU WILL WAIVE CERTAIN
LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE**

PLEASE READ CAREFULLY!

INITIAL

Child 1 - Name	Last	First	Phone
	Medical Condition which may impact my ability to take part in activities (see below) List:		Birth date / / (dd) (mm) (year)
	None _____ (initial)		
Child 2 - Name	Last	First	Phone
	Medical Condition which may impact my ability to take part in activities (see below) List:		Birth date / / (dd) (mm) (year)
	None _____ (initial)		
Address	Street		
	City	E-mail	
	Postal Code	Parent	Phone

TO: Boys & Girls Club of London and the Boys & Girls Club of London Foundation (together the “BGCL”) and their directors, officers, employees, instructors, agents, representatives, volunteers, independent contractors, subcontractors, sponsors, successors and assigns (hereinafter collectively referred to as the “Releasees”).

COVID – 19 COVID-19 is a contagious disease (“Covid”). We care about you, your family, our employees and the public. We strive to obey the law and follow Covid guidelines and implement all risk mitigation measures. However there are significant health risks and high risk of transmission through physical or shared contact. COVID-19 is novel and, because it can be transmitted through physical or shared contact with another person, the risk of contraction from engaging in sport activities may be foreseeable.

ASSUMPTION OF RISKS

I am aware that the activities at the BGCL programs involve risks and dangers that may cause serious injury and even death, and loss or damage to personal property. These risks are inherent in the activities and cannot be eliminated without altering their character and value. The risks include, among others, the following: contracting Covid; moving about the BGCL premises; negligence on the part of myself and/or other participants; negligence of the

BGCL and its staff, including the improper use of equipment; the breakage and failure of equipment and structures; over exertion, together with other risks which may be encountered and **NEGLIGENCE ON THE PART OF THE RELEASEES, INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE.**

The **BGCL** programs are designed for use by participants of average strength, mobility and fitness who are in good health. Several medical conditions, including but not limited to obesity, high blood pressure, cardiac and coronary artery disease, pulmonary problems, arthritis, tendonitis, or joint and muscular-skeletal problems may impair the safety and well being of participants as may other medical, physical, psychological or psychiatric problems. All such medical conditions may increase the risk of participating in the programs and cause the participant to be a danger to themselves or others. Participants with underlying medical, physical, psychological or psychiatric conditions must evaluate their condition and their ability before choosing to participate in the programs. All participants must inform BGCL in writing of any such medical, physical, psychological or psychiatric conditions before participating in any programs. The Releasees reserve the right to prevent any person, for medical or safety reasons, from participating in the programs at any time.

I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH MY USE OF THE BGCL PROGRAMS AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE AND LOSS RESULTING THEREFROM.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of the Releasees permitting my use of the BGCL PROGRAMS and other facilities at the BGCL (hereinafter referred to as "the BGCL Facilities"), I hereby agree as follows:

1. **TO WAIVE ANY AND ALL CLAIMS** that I have or may in the future have against the **RELEASEES**, and **TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, expense or injury including death that I may suffer, or that my next of kin may suffer resulting from either my use of or my presence at or on the BGCL Facilities DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE UNDER THE **OCCUPIERS LIABILITY ACT**, RSO 1990, c.02 ON THE PART OF THE RELEASEES, AND ALSO INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE;

2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any damage to property of or personal injury to any third party, resulting from my use of or presence on the BGCL facilities.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

Signed this _____ day of _____, _____
(month) (year)

Signature of parent or Guardian if participant is under 18 years

Signature of participant #1

Print participant's name clearly

Witness Signature (BGCL Staff Member)

Signature of participant #2

Please print witness name clearly

Print participant's name clearly